



MERRIMACK FIRE DEPARTMENT
BUILDING DIVISION

**PLUMBING PERMIT
COMMERCIAL ONLY**
BLD - FRM -009

Tax Map
Parcel _____

Permit Fee: _____

Total \$ _____

☐ Paid with Permit

☐ Cash

☐ Check # _____

Official Use Only

Property Owner: _____ Phone # _____

Location: _____

Description of Work: _____

☐ See attached Documents/ Plans _____

- ☐ Town Sewer ☐ Public Water ☐ Private Well ☐ Septic
☐ Sewer Connection (within Property Lines) ☐ Sewer Repair (within Property Lines)
☐ PIV Valve ☐ Hydrant ☐ Sewer Pump ☐ Other _____

Specific Appliance (Check All that apply)

- ☐ Water Closets _____ ☐ Lavatories _____ ☐ Sinks _____
☐ Hand Sink _____ ☐ 3 Bay Sink _____ ☐ Floor Drains _____
☐ Grease Interceptor _____ ☐ Urinals _____ ☐ Drinking Fountain _____
☐ Utility Sink _____ ☐ Disposals _____ ☐ ADA _____
☐ Water Heater - Type _____ Make _____ Model # _____
☐ _____

Plumber: _____

Address: _____

City _____ ST _____ Zip _____

NH Plumber's License # _____

Contact Phone #: _____

Signature _____

Inspection of Waste, Drain and Vent pipe Required - All Piping Min Air Test to 5 PSI

****** 24 HOUR NOTICE REQUIRED FOR INSPECTION ******

(603)-420-1730

- ☐ I Certify that I have authorization from the property owner listed above, and will be installing all the work according to the state of NH adopted plumbing code and town regulations.

Signature of Applicant

Date

Approved By: _____
Authorized Signature Date

Revised 07/14/2014

IT IS YOUR RESPONSIBILITY
CALL DIG SAFE (888) 344-7233 IT'S THE LAW